



County of San Bernardino

F A S

**STANDARD
CONTRACT**

FOR COUNTY USE ONLY

<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code AEGISME047	Dept. SC ADS	Dept. A ADS	Contract Number 02-625, A1
County Department Behavioral Health		Dept. ADS	Orgn. ADS	Contractor's License No.
County Department Contract Representative Armand Freitas		Telephone 421-9460		Total Contract Amount \$906,882
Contract Type <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:				
If not encumbered or revenue contract type, provide reason:				
Commodity Code		Contract Start Date July 1, 2002	Contract End Date June 30, 2003	Original Amount \$846,882
Amendment Amount \$60,000				
Fund AAA	Dept. ADS	Organization ADS	Appr. 200	Obj/Rev Source 2445
GRC/PROJ/JOB No.		Amount \$906,882		
Fund	Dept.	Organization	Appr.	Obj/Rev Source
GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source
GRC/PROJ/JOB No.		Amount		
Project Name Methadone Services		Estimated Payment Total by Fiscal Year		
FY 02/03	Amount \$60,000	I/D I	FY	Amount

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Aegis Medical System, Inc.

hereinafter called Contractor

Address

P.O BOX 1980

Agoura, CA 91376

Telephone

(818) 206-0360

Federal ID No. or Social Security
No.

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

IN THAT CERTAIN Contract #02-625 by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor, which Contract first became effective July 1, 2002, the following changes are hereby made and agreed to:

1 ARTICLE VII. CONFIDENTIALITY—is hereby changed to read as follows:

VII. CONFIDENTIALITY

1. Contractor shall comply with all state and federal statutes and regulations regarding confidentiality, including but not limited to requirements of Part 2, Title 42, Code of Federal Regulations; Welfare and Institutions Code Sections 5328 et seq and 14100.2; Sections 11878, 11812 and 11977 of the Health and Safety Code; and Title 22, California Code of Regulations, Section 51009.
2. Pursuant to the Health Insurance Portability And Accountability Act of 1996 (HIPPA), regulations have been promulgated governing the privacy of individually identifiable health information. Contractor is a covered entity in accordance with HIPPA regulations (45 CFR § 160.103) Accordingly, Contractor is mandated to comply with the HIPPA Privacy Rule standards, requirements, and implementation specifications codified in 45 CFR Parts 160 and 164. Contractor will disclose Protected Health Information to appropriate County of San Bernardino personnel for the purposes of treatment, payment, and health care operations in accordance with 45 CFR § 164.506.

2. ARTICLE XII. FUNDING—Paragraph 5. is hereby changed to read as follows:

The maximum financial obligation of County under this Agreement shall not exceed the sum of Nine Hundred Six Thousand, Eight Hundred Eighty-Two Dollars (\$906,882) with levels by location as follows:

- | | | |
|----|-------------------------|-----------|
| a. | Hesperia Methadone_____ | \$386,744 |
| b. | Ontario Methadone_____ | \$381,538 |
| c. | Hesperia SACPA_____ | \$13,540 |
| d. | Ontario SACPA_____ | \$125,060 |

All other terms, conditions and covenants of the basic contract first entered into July 1, 2002 remain in full force and effect.

- - - - END OF AGREEMENT - - - -

COUNTY OF SAN BERNARDINO

► _____
Dennis Hansberger, Chairman, Board of Supervisors

Dated _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD.

Clerk of the Board of Supervisors of the County of San Bernardino.

By _____
Deputy

_____ **Non-Profit Corporation** _____
(State if corporation, company, etc.)

By ► _____
(Authorized Signature)

Name _____
(Please Print or Type)

Title _____ Date _____

Address _____

Approved as to Legal Form
► _____
County Counsel
Date _____

Reviewed as to Affirmative Action
► _____
Date _____

Reviewed for Processing
► _____
Agency Administrator/CAO
Date _____